Proficiency Testing Assay Instructions for Cystic Fibrosis Mutation Detection (CFDNAPT)

CAUTION
These specimens are made from normal donors and donors that have CFTR mutations of interest and have not been tested for hepatitis B, HIV, and hepatitis C. Because no test method offers complete assurance that these or other infectious agents are absent, treat all specimens as potentially infectious and follow universal precautions. For more information on bloodborne pathogens visit http://www.cdc.gov/niosh/topics/bbp/

SPECIMEN QUALITY STATEMENT
NSQAP strives to create specimens that mimic newborn dried blood spots. Prepared specimens have been certified and may depart from established visual criteria for assessing specimen quality. These specimens are fit for the purposes of proficiency testing.

This program specifically targets DNA testing for mutations in the Cystic Fibrosis Transmembrane Conductance Regulator (CFTR) gene. This is a separate program from the routine IRT PT program. For clinical assessment purposes, assume that the IRT is above your program’s regular or ultra-high cutoff so that all samples should be tested for CFTR mutations.

- All PT samples are evaluated for all participants based on each participant’s mutation panel and scoring algorithm. For each specimen, each allele counts for 5% of the score and each clinical assessment counts for 10% of the score for a total of 100%. Each amplification failure will result in 20% taken off the final score.
- **New drop down menu is provided for how and when a secondary method is used. If the user does not specify this information, it will be assumed that both methods are used in testing and all mutations in both panels will be used for grading purposes.
- **Note, you must use the current version of the CFDNAPT Data Reporting form—some method codes have changed so make sure the code you select is correct. DO NOT make any changes to the form format (ie do not insert or delete any cells etc.).
- Participants enrolled in the CFDNAPT Program will be moved to an inactive status if data is not reported for 3 consecutive quarters.

Assaying and Result Reporting Instructions:

1. Inspect all proficiency testing (PT) specimens upon receipt. If a panel is incomplete or contains unlabeled specimens, request a new panel within 48 hours. Send the following information to NSQAPDMT@cdc.gov: laboratory code number, PT Panel Type, Specimen Number(s), and reason for requesting new panel.

2. Refrigerate the enclosed specimens at 4°C upon receipt if storage is necessary.

3. Handle these specimens as routine specimens. Assay them as part of your normal daily workload.

   Participating laboratories must generate and submit their own results and must not share NSQAP PT test results or specimens with any other laboratory under ANY circumstance, even if the laboratory normally sends specimens to referral laboratories for routine or confirmatory testing. Participants found to have falsified or shared results will be barred from participation in the NSQAP PT program.

4. Punch all dried blood disks for analysis from within the blood spots on the specimen cards.

5. Download the CFDNAPT Data Reporting form from our website at: http://www.cdc.gov/labstandards nsqap_resources.html. Older versions of the CFDNAPT Report Form will NOT be accepted.

6. After the analysis is complete, record (1) method codes (primary and secondary/confirmatory), (2) mutation panel if nota commercial panel or deviations from a commercial panel, (3) regions sequenced if you are using a gene sequencing method, (4) when and how you use your secondary/confirmatory method, and (5) DNA extraction method on the datareport form. Note: if you use legacy nomenclature when describing regions sequenced (ie. exons and introns), you must specify that you are using legacy nomenclature; otherwise, it will be assumed that you are using HGVSnomenclature. For more information about HGVSnomenclature specific to the CFTR gene see www.genet.sickkids.on.ca.

7. Complete each assessment based on your assay results, and enter both the clinical assessment and genotype results into the designated area of the report form. Every enclosed specimen should be treated as a full-term (>2500g) baby 24 hours of age who is on no medication, has not had a blood transfusion, and has had sufficient intake of a protein and lactose-based diet for detection of any metabolic disorder.
There is a limited amount of specimens available for this program. If data are not reported, provide an explanation of how the specimens were used and why no data were reported in the Comments section of the data report form. If no data or explanations are given, shipments will be discontinued.

Save the file for your records then attached the file to an email and send to NSQAPDMT@cdc.gov. Include your laboratory code number in the subject line of your email.

The deadline for reporting data is August 7, 2017. Late data cannot be included in the quarterly report.

Thank you for participating in this CDC program for quality assurance. Next quarter’s PT specimens will ship in October 2017. For questions, comments, and requests concerning this specimen set, call the NSQAP office at (770) 488-4582 or send an email to NSQAPDMT@cdc.gov and include your laboratory code in the email subject line.

CF METHOD CODE LIST

CF1-GenMark Cystic Fibrosis Genotyping
CF3-Luminex Molecular Diagnostics xTAG CF - ACMG only
CF4-Luminex Molecular Diagnostics CFTR IVD 39 v2
CF5-Luminex Molecular Diagnostics xTAG CF 60 v2
CF6-Luminex Molecular Diagnostics xTAG CF 71 v2
CF7-Luminex Platform and Laboratory Developed Test
CF8-Elucigene Diagnostics CF4v2
CF9-Elucigene Diagnostics CF29v2
CF10-Elucigene Diagnostics CF30v2
CF11-Elucigene Diagnostics CF-EU2v1
CF12-Abbott Molecular CF Genotyping Assay v3
CF13- Inno-LiPA Strip 17
CF14- Inno-LiPA Strip 19
CF15-Inno-LiPA Strips 17+19
CF16-Sequenom HerediT CF assay
CF17-Sequenom assays other than HerediT CF (MALDI-TOF Mass Spectrometry)
CF18-ViennaLab Diagnostics GmbH CF StripAssay, GER
CF20-Allele-specific Oligonucleotide PCR
CF21-High Resolution Melt Technology
CF22-Real-time PCR Allelic Discrimination Assay (i.e. TaqMan)
CF23-In-house Amplification Refractory Mutation System
CF24-In-house single nucleotide primer extension assay (SNuPe)
CF25-PCR/Heteroduplex Analysis/Gel Electrophoresis
CF26-Capillary Electrophoresis
CF27-Amplification and Restriction Fragment Length Polymorphism Analysis (PCR-RFLP)
CF28-Amplification and Polyacrylamide Gel Electrophoresis (PCR-PAGE)
CF29-Next Gen Sequencing - Illuma MiSeqDx 139 Variant Assay
CF30-Next Gen Sequencing - Multiplicom Molecular Diagnostics CFTR MASTR v2
CF31-Next Gen Sequencing - Ion AmpliSeq CFTR Community Panel
CF32-All other gene sequencing protocols including Sanger and Next Gen
CF33-Astra Biotech CFcheck DE-31
CF34 Devyser CFTR Core
CF99-Other - please describe below

UTILIZATION OF SECONDARY/CONFIRMATORY METHODS

M1 - Secondary method confirms mutations detected by the primary method (no new mutations will be identified)
M2 - Secondary method confirms mutations detected by the primary method and may find additional new mutations in the secondary panel
M3 - Use both the primary and secondary methods to detect mutations found on both panels
M4 - Other - please specify below

EXTRACTION METHODS

X1 Qiagen QIAamp spin columns (manual or robotic)
X2 Qiagen magnetic bead kit (EZ1 or BioSprint 96)
X3 Qiagen Generation DNA Purification & DNA Elution Solutions (also sold as 5 Prime Easy PCR Solutions 1 & 2)
X4 Sigma Aldrich Extract-N-Amp
X5 in-house alkaline lysis prep
X6 in-house boiling prep
X7 in-house lysis boil prep
X19 Other-please describe below